

Customer No. 035884

Attorney Docket: 2152-3016

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Lester F. Ludwig

Serial No: 10/683,914

Filed: October 10, 2003

For: FUNCTIONAL EXTENSIONS OF
TRADITIONAL MUSIC KEYBOARDS

Art Unit: 2837

Examiner: Fletcher, Marlon T.

Conf. No.: 3060

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:
Transmitted herewith is an Amendment in the above-identified application.

- ☒ Petition for extension of time for 1 month is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	27	-	101 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	4	-	8 ***	0	LG=\$210 SM=\$105	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.


*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The Commissioner is hereby authorized to charge payment of the following fees to the identified **credit card account** and any additional amount associated with this communication or credit any overpayment to **Deposit Account No. 502290**.
- ☐ Excess claim fee in the amount of \$_____.
- ☒ **Extension fees in the amount of \$60.**
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Lee, Hong, Degerman, Kang & Schmadeka

Date: December 10, 2007

By: 
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